

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09731899</td> </tr> <tr> <td>Filing Date</td> <td>2000-12-08</td> </tr> <tr> <td>First Named Inventor</td> <td>Benjamin Chain</td> </tr> <tr> <td>Title</td> <td>Chimeric Peptides As Immunogens, Antibodies</td> </tr> <tr> <td>Art Unit</td> <td>1645</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>27580-0004001</td> </tr> </table>	Application Number	09731899	Filing Date	2000-12-08	First Named Inventor	Benjamin Chain	Title	Chimeric Peptides As Immunogens, Antibodies	Art Unit	1645	Examiner Name		Attorney Docket Number	27580-0004001
Application Number	09731899														
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First Named Inventor	Benjamin Chain														
Title	Chimeric Peptides As Immunogens, Antibodies														
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Examiner Name															
Attorney Docket Number	27580-0004001														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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OR

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Practitioner(s) Name	Registration Number

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OR

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Country

Telephone

State

Zip

Email

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Daniel Chain</i>	Date	September 10, 2011
Name	DANIEL CHAIN	Telephone	202 468 9300
Title and Company	CHAIRMAN + CEO, INTERCEPT VACCINE		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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